

# Service to Service Incident Referral to YAS

**Trust/Referring Organisation:**

**Ref Number:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Incident Date** |  | **Incident Time** |  |
| **Specialty** |  | **Location** |  |
| **Patient Name** |  | **DOB** |  |
| **NHS Number** |  | **Address** |  |
| **Incident Description** |  |
| **Action Taken**  |  |
| **Areas to Consider** | * Was care provided in line with expectations?
* Can anything be learnt from the patient timeline?
* Is there any relevant medical history that can be shared in order to clarify the timeline?
* *Should this situation arise again would a different course*
* *of action be taken?*
 |
| **Due Date** |  |
| **Investigation Findings** |  |